

# STUDENT ACCIDENT /INCIDENT REPORT

To be completed by staff member supervising activity and returned to Safety Officer

SCHOOL       Allendale       Highland       Lincoln       North       Parkside  
                  Redwood       Riverside       South       GPHS       Gladiola

STUDENT NAME \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_       MALE       FEMALE

DATE OF ACCIDENT/INCIDENT \_\_\_\_\_ TIME \_\_\_\_\_

LOCATION OF ACCIDENT/INCIDENT (i.e., playground, gym, classroom, cafeteria, hallway, etc)

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ACTIVITY STUDENT ENGAGED IN AT TIME OF ACCIDENT and HOW THE ACCIDENT OCCURRED (i.e., Playing football and collided with another student; playing on swings – fell off; fighting – was struck in the face; football practice – tackling drill, etc.)

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DESCRIBE INJURY (i.e., broken arm, laceration, concussion, etc.)

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ACTION TAKEN BY TEACHER/SUPERVISOR

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WITNESSES TO THE ACCIDENT/INCIDENT:  Yes     No (If yes, list names and note if student or adult

1. \_\_\_\_\_  Adult     Student

2. \_\_\_\_\_  Adult     Student

3. \_\_\_\_\_  Adult     Student

TIME STUDENT DISMISSED \_\_\_\_\_ WERE PARENTS NOTIFIED  Yes     No

WAS STUDENT ATTENDED BY A PHYSICIAN:  Yes     No

STAFF MEMBER SUPERVISING ACTIVITY \_\_\_\_\_

PRINCIPALS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DATE RECEIVED IN DISTRICT OFFICE \_\_\_\_\_

**IMMEDIATELY SUBMIT TO DISTRICT OFFICE AFTER PRINCIPALS SIGNATURE. THANK YOU!**